ASiT The Association of Surgeons in Training

Introduction: Laparoscopic Radical Nephrectomy (LRN) is the gold standard approach for surgical extirpation of renal tumours. Herein, we present our experience and the technique of Intra-operative Selective Renal Artery Balloon Occlusion immediately prior to Laparoscopic Radical Nephrectomy.
Methods: Arterial catheterisation and temporary balloon occlusion of the renal artery with the aid of a 5Fr double lumen occlusion catheter performed after intubation and ventilation immediately prior to LRN.
Results: Were compared with matched patients who had open radical nephrectomy (ORN) with balloon occlusion and LRN without balloon occlusion. Results There were 30 cases (14 males & 16 females) with average age of 63 yrs (range 39–82 yrs). Average operative time was 187 minutes (range 90–250 minutes). The mean balloon deployment time for renal artery occlusion was 21 minutes (range 14–27 minutes). Mean estimated blood loss in LRN with balloon occlusion was 120mls compared to 450 ml for ORN with balloon occlusion and 250 ml for LRN without balloon occlusion. There were no major complications.
Conclusions: Intra-operative Selective Renal Artery Balloon Occlusion is a safe, reliable and effective adjunct in performing LRN in selected cases. The technique should be explored further as a useful adjunct during surgical extirpation of renal tumours.

A SINGLE UK NON-TERTIARY CENTRE: ASSESMENT OF INCIDENTAL THYROID CARCINOMA PICKUP THROUGH 18F-FDG POSITRON ELECTRON TOMOGRAPHY

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Introduction: The reported incidence of incidental thyroid lesions from PET-CT is 1.1% to 4.3% [1–3]. There are currently no definitive guidelines for such lesions found from PET-CT. The aim of this study is to evaluate the performance at a single district general hospital in picking up incidental thyroid lesions, to assess how many of these are malignant and how they are followed-up.
Results: 1022 PET-CT scans between 940 patients were reviewed from January 2007 and October 2008. 26 (2.77%) had thyroid lesions detected through abnormal 18F-FDG uptake. There were 18 (69.2%) women, median age of 70 years (range 26–81 years). 5 (19.2%) scans were reported with an incidental thyroid carcinoma; all had asymmetrical thyroid 18F-FDG uptake. Overall 11 of the 26 (42.3%) had further investigation with blood tests. 5 (19.2%) underwent ultrasonography. 1 patient had surgery.
Conclusion: The incidence of thyroid lesions pickup from PET-CT imaging at this centre is consistent with the existing literature. Focal patterns of 18F-FDG uptake are associated with malignancy. It remains to be seen whether PET-CT is a cost-effective means of screening for thyroid malignancies and if a set of guidelines can be agreed on how to assess thyroid lesions identified from this imaging modality.

THYROID FINE NEEDLE ASPIRATION CYTOLOGY: SHOULD PATIENTS WITH INDETERMINATE FINDINGS PROCEED TO SURGERY?

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Introduction: Fine-needle aspiration cytology (FNAC) is the primary diagnostic procedure for thyroid malignancy. Patients with indeterminate (THY3) findings usually undergo surgery as follicular carcinoma cannot be excluded. The aim of this study was to determine what proportion of patients with indeterminate cytology have malignant disease. Method Retrospective review of all patients undergoing FNAC by a single cytologist (JMG) from September 2003 to May 2008. Patient demographics, details of thyroid nodule and cytology findings were retrieved from the hospital electronic pathology database.
Results: 1237 FNAs were performed, of which, 193 (16%) were indeterminate. In total, 176 patients (M:F 20:156, median age 42 yrs (range 22-88 yrs)) were diagnosed with thyroid nodules of indeterminate cytology. 16/134 (12%) patients undergoing surgery were found to have malignant disease (papillary -11, follicular – 3, non Hodgkin's lymphoma – 1, other – 1 patients). Only 2 % patients with THY3 cytology were eventually diagnosed with follicular carcinoma.
Conclusion: Only a small proportion of patients with indeterminate cytology have malignant disease. The decision to proceed to surgery should not solely be based on cytological findings and incorporate other factors such as age, gender, size of nodule and imaging.

THE FATE OF INDETERMINATE LUNG LESIONS ON STAGING CT SCANS FOR COLORECTAL CANCER

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Aims: The aim of this study was to assess both the incidence of indeterminate lung lesions and interval-time required to provide a definitive radiological diagnosis.
Methods: A retrospective review of the local colorectal cancer database identified all cases of newly diagnosed colorectal cancers with indeterminate lung lesions on their staging CT scans between 2004–2005. Specific data relating to follow-up imaging and clinical outcomes was recorded and analysed.
Results: Thirty-one of the 412 newly diagnosed colorectal cancer patients (7.5%) were reported as having indeterminate lung lesions at staging. In 13 cases (42.0%) the lung lesions were never definitively diagnosed because of peri-operative death, co-existent metastatic disease requiring palliation and patient's choice. Fifteen of the 16 patients classified as benign, were categorised at the first interval CT scan at a median of 351 days (IQR 187.5–472.5) post-staging. Two patients' indeterminate lesions which were ultimately classified as malignant: a carcinoid tumour and a primary lung adenocarcinoma.
Conclusions: This study demonstrates lower rates of indeterminate lung lesions than previously reported, of which 2 were synchronous lung malignancies and none transpired to be colorectal metastasis. Definitive radiological diagnoses at first interval scan occurred in 94% cases. All of which were performed within 2 years of staging.

INCIDENCE OF COLITIS IN PATIENTS WITH LOW-RISK COLORECTAL CANCER SYMPTOMS: IS IT ON THE RISE?

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Aims: Nurse-led flexible sigmoidoscopy service is an integral part of most colorectal units. Endoscopic diagnosis of colitis can be difficult and may be deceptive at times We report our results of colitis diagnosed in patients undergoing flexible sigmoidoscopy for low risk cancer symptoms as per UK DOH criteria.